FEC

STATEMENT OF

| FORM 1 | ORGANIZ <i>i</i> | ATION | | |
|---------------------------------|---------------------------------------------|----------------------------------------------------------------|--------------------|------------------------------|
| 1 0111111 1 | (See instruction | ons) | | Office use only |
| NAME OF COMMITTEE (in fu | (Check if name is changed) | Example: If typying, typover the lines | 12FE4M5 | |
| NATIONAL MEA | AT ASSOCIATION INC PAC | | | |
| | | | | |
| ADDRESS (number and str | eet) 1970 BROADWAY | | | |
| (Check if address | SUITE 825 | <u> </u> | 111111 | 11111111 |
| is changed) | OAKLAND | | CA | 94612 - |
| | | CITY▲ | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MAIL | ADDRESS (Please provide only one e- | | | |
| (Check if address X is changed) | hbmeyer1@mac.cor | m | | |
| | | | | |
| COMMITTEE'S WEB PA | AGE ADDRESS (URL) | | | |
| (Check if address | | <u> </u> | 111111 | 1111111 |
| is changed) | | | | |
| 2. DATE 0.6 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| 3. FEC IDENTIFICAT | ION NUMBER | C C00301671 | | |
| 4. IS THIS STATEME | NT X NEW (N) OR | AMENDED | (A) | |
| I certify that I have examine | ed this Statement and to the best of my kno | owledge and belief it is true, co | rrect and complete | |
| • | LIENDY D MEYE | n | · | |
| Type or Print Name of Tr | reasurer HENRY B MEYE | <u>n</u> | | |
| Signature of Treasurer | Electronically Filed by HENRY B | MEYER | _ Date 06 | 04 2009 |
| NOTE: Submission of false | e, erroneous, or incomplete information ma | | · | |
| Office Use Only | | For further inform Federal Election C Toll Free 800-424- | nation contact: | FEC FORM 1 (Revised 02/2009) |

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|----|-------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| 5. | TYPE (| OF CC | MMITTEE (Check One) | | |
| | Candid | date C | ommittee: | | |
| | (a) | Ш | This committee is a principal campaign committee. (Complete the | ne candidate information below.) | |
| | (b) | | This committee is an authorized committee, and is NOT a princ information below.) | pal campaign committee. (Comp | lete the candidate |
| | Name o Candid | | | | |
| | Candid Party A | | Office Sought: House | Senate Preside | State |
| | (c) | | This committee supports/opposes only one candidate, and is NC | T an authorized committee. | |
| | Name o | | | | |
| | Party C | Comm | | | |
| | (d) | | This committee is a (National, State (or subordinate) con | mmittee of the | (Democratic, Republican,etc.) Party. |
| | Politica | al Acti | on Committee (PAC): | | |
| | (e) | X | This committee is a separate segregated fund. (Identify connected | ed organization on line 6.) Its con | nected organization is a: |
| | | | Corporation Corporation w/ | o Capital Stock | Labor Organization |
| | | | Membership Organization X Trade Associa | tion | Cooperative |
| | | | X In addition, this committee is a Lobbyist/Registrant P. | AC. | |
| | (f) | | This committee supports/opposes more than one Federal candid committee. (i.e., nonconnected committee) | ate, and is NOT a separate segre | egated fund or party |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. | | |
| | | | In addition, this committee is a Leadership PAC. (Identify sp | oonsor on line 6.) | |
| | Joint Fu | undrai | sing Representative: | | |
| | (g) | | This committee collects contributions, pays fundraising expenses committees/organizations, at least one of which is an authorized of | | wo or more political |
| | (h) | | This committee collects contributions, pays fundraising expenses committees/organizations, none of which is an authorized commit | | two or more political |
| | | Comr | nittees Participating in Joint Fundraiser | | |
| | | | 1. | FEC ID number | |
| | | | 2. | FEC ID number | |
| | | | 3. | FEC ID number | |
| | | | 4. | FEC ID number | |

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|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|--|--|--|--|
| Write or Type Committee Name | | | | | | | |
| NATIONAL MEAT ASS | OCIATION INC PAC | | | | | | |
| 6. Name of Any Connected Or | ganization, Affiliated Committee, Joint | Fundraising Representative, c | or Leadership PAC Sponsor | | | | |
| NATIONAL MEAT ASSO | CIATION INC | | | | | | |
| | | | | | | | |
| Mailing Address | 1970 BROADWAY | | | | | | |
| | STE 825 | | | | | | |
| | OAKLAND | ÇA] | 94612 | | | | |
| | CITY▲ | STATE | ▲ ZIP CODE ▲ | | | | |
| Relationship: | | | | | | | |
| X Connected Organization | Affiliated Committee | Joint Fundraising Representativ | ve Leadership PAC Sponsor | | | | |
| | Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. | | | | | | |
| . HENR | HENRY B MEYER | | | | | | |
| Full Name | 1970 BROADWAY | | | | | | |
| Mailing Address | SUITE 825 | | | | | | |
| | OAKLAND | CA | 94612 _ | | | | |
| Tills on Decilion 44 | | | | | | | |
| Title or Position ▼ TREASUF | CITY A | STATE | ∆ ZIP CODE ∆ 510 − 763 − 1533 | | | | |
| THEASUR | iEn | Telephone number | <u> </u> | | | | |
| | and address (phone number optic y designated agent (e.g., assistant tr | | committee; and the | | | | |
| | , | , | | | | | |
| Full Name of Treasurer HENR | Y B MEYER | | | | | | |
| Mailing Address | 1970 BROADWAY | | | | | | |
| | SUITE 825 | | | | | | |
| | OAKLAND | | 94612 | | | | |
| Title or Position ♥ | CITY A | STATE | ZIP CODE A | | | | |
| TREASUI | RER | Telephone number _ | 510 _ 763 _ 1533 | | | | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------|------------|--|
| Full Name of Designated Agent | ROSEMARY M. MUCKLOW | | | |
| Mailing Address | 1970 BROADWAY | | | |
| | STE 825 | | | |
| | OAKLAND | CA | 94612 – | |
| Title or Position ▼ | CITY A | STATE A | ZIP CODE A | |
| A | SSISTANT TREASURER Telep | shone number 510 | | |
| 9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. | | | | |
| | WELLS FARGO BANK | | | |
| Mailing Address | KAISER CENTER BRANCH | | | |
| | | | | |
| | OAKLAND | ÇA | 94612 | |
| | CITY 🗖 | STATE △ | ZIP CODE 🛕 | |
| Name of Bank, De | epository, etc. | | | |
| | | | | |
| Mailing Address | | | | |
| | | | | |
| | | | | |
| | CITY 🗖 | STATE. △ | ZIP CODE 🛕 | |